Under the Paperwork I	respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						10/751,410-Conf. #3175			
FEE TRANSMITTAL				Filing Date	January 6, 200				
For FY 2009				First Named Inv		Jong Yeul SUH			
				Examiner Name	A. Khan				
Applicant claims small entity status. See 37 CFR 1.2			741.0.0			2621 0465-1130P			
TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket No. 0465					
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch,						e: Birch, Stewart	, Kolasch &	Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
,		G FEES		ARCH FEES	EXAMIN	NATION FEES			
Application Type	Fee (\$)	Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity	Foor	Paid (\$)	
Utility	330	Fee (\$) 165	540	Fee (\$) 270	220	Fee (\$) 110	recs	raiu (a)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEE	s							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims	Extra Claims	Fee (\$)	F			lultiple Dependent Claims e (\$) Fee Paid (\$)			
- or HP = x = HP = highest number of tota' claims paid for, if greater than 20.					<u>F6</u>	ee (\$)	ee Paid (	<u>91</u>	
Indep. Claims	Extra Claims	Fee (\$)	F	e Paid (\$)				_	
- or HP = X = HP = highest number of independent claims paid for, if greater than 3.									
<ol> <li>APPLICATION SIZE FEE</li> <li>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1-52(e)), the application size fee due is \$270 (315 for small entity) for each additional 50 sheets or fraction thereof. See \$35 U.S.C. 41(a)(f)(g) and 37 CFR 1.16(s).</li> </ol>									
								D-14 (6)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$							<u>ree</u>	Paid (\$)	
-100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37							810.00		
SUBMITTED BY	00								
Signature /	Registration No. (Attorney/Agent)	42,325	Telephone	none (703) 205-8000					
						Date S	September 2, 2009		